

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/12/05 2 Serial/Patent # 6,780,412

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		<u>11/23/04</u>	\$ 130
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> 10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment Credit Deposit A/C #: <input checked="" type="checkbox"/> Duplicate Payment , 2 3 -- 0 9 7 5 <input type="checkbox"/> No Fee Due (Explanation):		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E Shirene Willis</u>		TITLE: <u>Pet Atty</u>		
SIGNATURE: <u>E Shirene Willis</u>		PHONE: <u>272-3230</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Alma Bell</u>		DATE: <u>3/18/05</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B